RI SOS Filing Number: 201582121480 Date: 10/09/2015 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
517907	STATE STREET BRISTOL PROPERTY MANAGEMENT, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL PROPERTY OWNERSHIP AND MANAGEMENT

5. Principal office address	City	State	Zip
510 CHILD STREET	WARREN	RI	02885

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
REBECCA M. TRAVERS	MANAGER

Street Address	City	State	Zip
510 CHILD STREET	WARREN	RI	02885

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
REBECCA M. TRAVERS	510 CHILD STREET	WARREN	RI	02885

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
DENNIS R. GANNON	1140 RESERVOIR AVENUE, SUITE 3A	CRANSTON	02920

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 517907

FILED
OCT 0 9 2015
BY 127

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

[redacted]

/ Rebecca Travers 9-11-15
Signature of Authorized Person *Date*

REBECCA M. TRAVERS
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

126380-39-1074922

Form 632 Rev. 07/07